

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-weight: bold; text-align: center;">10671416</div>		Filing Date	
				Applicant(s)			
				* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep							
Total Depend							
Total Claims							

10671416

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
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Total Indep	15					
Total Depend	20					
Total Claims	25					

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
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Total Claims						